Declaration

Submitted

with Initial

Filing

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION (37 CFR 1.63)

☑ Declaration

required)

Submitted after Initial

Filing (surcharge

(37 ČFR 1.16 (e))

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Attorney Docket Number Stanley J. Grossmar **First Named Inventor** COMPLETE IF KNOWN 09 **/** 543,466 Application Number April 5, 2000 Filing Date Unknown Group Art Unit Examiner Name Unknown

As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: MODULAR BRIDGE STRUCTURE CONSTRUCTION AND REPAIR SYSTEM the specification of which (Title of the Invention) is attached hereto OR was filed on (MM/DD/YYYY) 04/05/2000 $\overline{\mathbf{x}}$ as United States Application Number or PCT International Application Number 09/543,466 and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. Certified Copy Attached? Foreign Filing Date Priority Prior Foreign Application Country Not Claimed (MM/DD/YYYY) Number(s) YE\$ NO П $\bar{\Box}$ 🖵 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Filing Date (MM/DD/YYYY) Application Number(s) Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

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DECLARATION — Utility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, isted below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.									in the prior to disclose					
U.S. Parent Application or PCT Parent Number								Parent Filing Date Pa (MM/DD/YYYY)				rent Patent Number (if applicable)		
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.														
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten														
and Trademark Office connected therewith: Customer Number OR Registered practitioner(s) name/registration number listed below Place Customer Number Bar Code Label here														
Name				Registration Number				Name				Registration Number		
Neal R. Kennedy			31,383											
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.														
Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address below								ress below						
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City	Okl	lahoma City					tate	OK	ZIP	73	73102			
Country	USA	<u> </u>	***	Te	lephor	ne (40)5)	235 - -	9621	Fax	(40	<u>)5) 235-</u>	<u>0439</u>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
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DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

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